

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001386

FILED  
Apr 21, 2005  
Secretary of State

**Entity Name:** ST. JOE WILDLIFE SANCTUARY AND EDUCATIONAL CENTER, INC.

**Current Principal Place of Business:**

690 INDIAN PASS ROAD  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

690 INDIAN PASS ROAD  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 59-3562458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEELE, MARIE  
690 INDIAN PASS ROAD  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: STEELE, MARIE  
Address: 690 INDIAN PASS RD  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V/D ( ) Delete  
Name: ROMANELLI, JOSEPH  
Address: 690 INDIAN PASS ROAD  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S/D ( ) Delete  
Name: LEWIS, JO ANNE  
Address: 848 E. PINE AVENUE  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: T/D ( ) Delete  
Name: PARRISH, DIANA J  
Address: 389 TREASURE ROAD  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: COLLINS, JOSEPH T  
Address: 1502 MEDINAH CIRCLE  
City-St-Zip: LAWRENCE, KS 66047

Title: D ( ) Delete  
Name: SHAFER, RON  
Address: 12409 MASSIMIANI ROAD  
City-St-Zip: SOUTHPORT, FL 32409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA J. PARRISH

T/D

04/21/2005

Electronic Signature of Signing Officer or Director

Date